

FILED
08 MAR -7 PM 4:44
U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

SI

(PR)

0805

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

John Michael KIRK

Plaintiff,

vs.

*Warden FELKER
Dir. COE GRANNIS
DR. JAMES
DR. DAVID*

Defendant.

CV 08

CASE NO. _____

**PRISONER'S
APPLICATION TO PROCEED
IN FORMA PAUPERIS**

I, *John Michael KIRK*, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes ___ No X

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: _____ Net: _____

Employer: _____

1 If the answer is "no," state the date of last employment and the amount of the gross and net
 2 salary and wages per month which you received. (If you are imprisoned, specify the last
 3 place of employment prior to imprisonment.)

4 NONE

5 _____
 6 _____
 7 2. Have you received, within the past twelve (12) months, any money from any of the
 8 following sources:

9 a. Business, Profession or Yes ___ No X

10 self employment

11 b. Income from stocks, bonds, Yes ___ No X

12 or royalties?

13 c. Rent payments? Yes ___ No X

14 d. Pensions, annuities, or Yes ___ No X

15 life insurance payments?

16 e. Federal or State welfare payments, Yes ___ No X

17 Social Security or other govern-

18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount
 20 received from each.

21 NONE

22 _____

23 3. Are you married? Yes ___ No X

24 Spouse's Full Name: _____

25 Spouse's Place of Employment: _____

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ _____ Net \$ _____

28 4. a. List amount you contribute to your spouse's support: \$ _____

1 b. List the persons other than your spouse who are dependent upon you for
 2 support and indicate how much you contribute toward their support. (NOTE:
 3 For minor children, list only their initials and ages. DO NOT INCLUDE
 4 THEIR NAMES.).

5 NONE

6
 7 5. Do you own or are you buying a home? Yes ___ No X

8 Estimated Market Value: \$ _____ Amount of Mortgage: \$ _____

9 6. Do you own an automobile? Yes ___ No X

10 Make _____ Year _____ Model _____

11 Is it financed? Yes ___ No ___ If so, Total due: \$ _____

12 Monthly Payment: \$ _____

13 7. Do you have a bank account? Yes ___ No X (Do not include account numbers.)

14 Name(s) and address(es) of bank: _____

15 _____

16 Present balance(s): \$ _____

17 Do you own any cash? Yes ___ No X Amount: \$ _____

18 Do you have any other assets? (If "yes," provide a description of each asset and its estimated
 19 market value.) Yes ___ No X

20 _____

21 8. What are your monthly expenses?

22 Rent: \$ _____ Utilities: _____

23 Food: \$ _____ Clothing: _____

24 Charge Accounts:

25 Name of Account Monthly Payment Total Owed on This Acct.

26 _____ \$ _____ \$ _____

27 _____ \$ _____ \$ _____

28 _____ \$ _____ \$ _____

1 9. Do you have any other debts? (List current obligations, indicating amounts and to
2 whom they are payable. Do not include account numbers.)

3 Restitution Payable To State of California
4 _____

5 10. Does the complaint which you are seeking to file raise claims that have been presented
6 in other lawsuits? Yes ___ No X

7 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in
8 which they were filed.
9 _____
10 _____

11 I consent to prison officials withdrawing from my trust account and paying to the court
12 the initial partial filing fee and all installment payments required by the court.

13 I declare under the penalty of perjury that the foregoing is true and correct and
14 understand that a false statement herein may result in the dismissal of my claims.
15

16 March 2-08

17 DATE

John M Kirk

18 SIGNATURE OF APPLICANT
19
20
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28

SI
(PR)

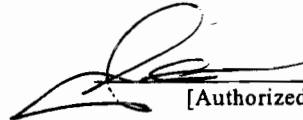
Case Number: C-V 08 0805

CERTIFICATE OF FUNDS
IN
PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of John M Kirk for the last six months
[prisoner name]
High Desert State Prison where (s)he is confined.
[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ 0 and the average balance in the prisoner's account each month for the most recent 6-month period was \$ 0.

Dated: March 2-08



[Authorized officer of the institution]

Att: form

Subchapter 2, article 4, Section 3(34) shows no funds from Jul 7-23-07
to 1/31/08

TS210B.

CALIFORNIA DEPARTMENT OF CORRECTIONS
ITAS TRUST ACCOUNT DISPLAY

----- ACCOUNT INFORMATION -----

----- SPECIAL ITEMS -----

ACCOUNT NUMBER: V58590
 ACCOUNT NAME: KIRK, JOHN MICHAEL
 ACCOUNT TYPE: I
 CURRENT BALANCE: 0.00
 HOLD BALANCE: 0.00
 ENCUM. BALANCE: 0.00
 AVAILABLE: 0.00
 PRIVILEGE GROUP: A
 LAST CANTEEN: 05/17/2007

----- ACCOUNT TRANSACTIONS -----

-----TS210CA

DATE	TRAN	AMOUNT	DESCRIPTION	CHECK NUM	COMMENT	BALANCE
04/03/07	D320	22.57	TRUST FUNDS TRA		3391 PVSP	22.57
05/17/07	FC01	22.57	DRAW-FAC 1		3954 D 3RD	0.00
06/14/07	FR01	0.17-	CANTEEN RETURN		604257	0.17
07/17/07	W502	0.17	POSTAGE CHARGE		0198POSTGE	0.00

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HIGH DESERT STATE PRISON **NOTIFICATION OF INDIGENT MAIL** **DIRECTOR RULES**

(SUBCHAPTER 2, ARTICLE 4, SECTION 3134)

INMATE NAME: KIRK, JOHN MICHAEL

DATE REQUESTED: 01/31/2008

DATE RECEIVED: 09/24/2007

CDC #: V58590

DATE SENT TO YARD: 01/31/2008

FACILITY: B4 117L

01/31/2008

IE 20

COMPLETED BY: ACCT-HB

Staff

1. Indigent inmate means an inmate who is wholly/totally without funds at the time they were eligible for withdraw of funds for Canteen (Title 15, Section 3000).
2. Inmates who wish to apply for Indigent Mail Status must submit a written request to the Mailroom monthly. Inmates are allowed to submit (1) request for indigent mail supplies, per calendar month. It is not necessary to send more than (1) request per month.
3. **Indigent envelopes are issued every thirty days.** Requests for indigent envelopes need to be received in the Mailroom at **least (2) days** before your issue date. Requests received after the issue date will be assigned a new issue date. **Requests will not be processed early.**
4. Inmates approved for indigent mail supplies will receive (20) envelopes once per month instead of (5) envelopes per week.
5. The Facility staff at the inmate's respective housing unit will supply writing paper for indigent inmates.

JAN	FEB	MAR	APR	MAY	JUN
1/31/08					06/18/07
JUL	AUG	SEP	OCT	NOV	DEC
07/23/07	08/21/07	09/24/07	10/22/07	11/20/2007	12/21/2007

N. E. MEANS NOT ELIGIBLE BECAUSE FUNDS AVAILABLE OR HAD TRUST WITH DRAWAL IN LAST 30 DAYS.

To apply for more envelopes, complete and forward the bottom portion of this form.

John M. Kirk
V-58590 B-4-117-L
P.O. Box 3030
Susanville Ca 96127
H.O.S.P.

B4

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 12615 WASHINGTON DC

POSTAGE WILL BE PAID BY UNITED STATES COURTS

US DISTRICT COURT
450 GOLDEN GATE AVE
PO BOX 36060
SAN FRANCISCO CA 94102-9680

STATE PRISON

LEGAL MAIL

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

